

DO/EO WORKSHEET

Paralegal/ National Stage Division

U.S. Appl. No. 10/518554International Appl. No. DK 03/00402Application filed by : ☐ 20 months ☒ 30 months

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INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE :

☒ International Application (RECORD COPY)☐ Article 19 Amendments☒ PCT/IPEA/409 IPER : ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ _____☐ Annexes to 409☒ Priority Document (s) No. 2☐ PCT/IB/331☐ Request form PCT/RO/101☐ PCT/ISA/210 - Search Report : ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ _____☐ Search Report References☐ Other : _____

RECEIPTS FROM THE APPLICANT (other than checked above) :

☒ Basic National Fee (or authorization to charge)☒ Description ☒ Claims ☒ Abstract☐ Drawing Figure(s) - (# of drwgs. 0)☐ Translation of Article 19 Amendments☐ entered ☐ not entered :☐ not a page for page substitution☐ replaced by Article 34 Amendment☐ Annexes to 409☐ entered ☐ not entered :☐ not a page for page substitution☐ other : _____☐ Application Data Sheet☐ Power of Attorney/ Change of Address☒ Preliminary Amendment(s) Filed on :

1. _____ 2. _____ 3. _____

☒ Information Disclosure Statement(s) Filed on :

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☒ Assignment Document (forwarded to Assignment Branch)☐ Assignee PG Publication Notice☐ Substitute Specification Filed on :

1. _____ 2. _____

☐ Verified Small Status Statement☒ Oath/ Declaration (executed)☐ DNA Diskette☐ Sequence Listing☐ Other : _____

NOTES :

☐ I.A. used as Specification ☐ Other :

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

22 Dec 04

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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____		2 Serial/Patent # <u>10/518554</u>																																																																													
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width:45%;">Filing</td><td style="width:15%; text-align: center;">1</td><td style="width:15%; text-align: center;">12/22/04</td><td style="width:15%; text-align: center;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: center;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/22/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;">4 PAPER NUMBER</td> <td style="width:50%; padding: 5px;">5 DATE FILED</td> <td style="width:50%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="height: 150px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td> <td style="padding: 5px;">\$ 100</td> </tr> <tr> <td colspan="3" style="padding: 5px;">8 TO BE REFUNDED BY:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Treasury Check</td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <input checked="" type="checkbox"/> Credit Deposit A/C #: </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> 9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table> </td> </tr> </table>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				7 TOTAL AMOUNT OF REFUND		\$ 100	8 TO BE REFUNDED BY:			Treasury Check			<input checked="" type="checkbox"/> Credit Deposit A/C #:			9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table>			0	2	--	2	4	4	8
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